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APPLICANTS

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** CONTINUING DATA *****

None Df

** FOREIGN APPLICATIONS *****

JAPAN 2002-201600 07/10/2002 *Verified*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/03/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 3	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged <i>Damyan J.</i> Examiner's Signature	Initials <i>Df</i>			

ADDRESS

27123

TITLE

Ophthalmologic apparatus

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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